

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90451 003 \*\*\*150.00

DOCUMENT # **P000000000951**  
1. Entity Name  
**COMPUTECHWORKS CORP.** ✓

**DO NOT WRITE IN THIS SPACE**

**672099**

2. Principal Place of Business  
**7257 NW 4TH BLVD. #31**  
Suite, Apt. #, etc

3. Mailing Address  
**4001 W Newberry Rd.**  
Suite, Apt. #, etc  
**Suite A-IV**

DO NOT WRITE IN THIS SPACE

City & State  
**Gainesville, FL 32607**

City & State  
**Gainesville, FL 32607**

4. FEI Number  
**59-3617936**

Added For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

Zip  
**32607** Country  
**USA**

Zip  
**32607** Country  
**USA**

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**Daniel J. Koenig**

Street Address (P.O. Box Number is Not Acceptable)  
**4001 W Newberry Rd.**

**Suite A-IV**

City  
**Gainesville** FL Zip Code  
**32607**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when registering.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Daniel J. Koenig 4001 W Newberry Rd. Suite A-IV Gainesville, FL 32607</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(h), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 11 on an attachment with an address, with all duties like empowered.

SIGNATURE:  **Daniel J. Koenig, Pres. 12 APR 2002 (888) 331-5022**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR